



Send completed forms  
to DOH Communicable  
Disease Epidemiology  
Fax: 206-361-2930

# Meningococcal Disease

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_

☐ Reported to DOH

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Other: \_\_\_\_\_

Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

DOH Use ID \_\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

DOH Classification

☐ Confirmed

☐ Probable

☐ No count; reason: \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Fever Highest measured temp: \_\_\_\_ °F  
Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk

☐ ☐ ☐ ☐ Headache

☐ ☐ ☐ ☐ Stiff neck

☐ ☐ ☐ ☐ Cough Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Eyes sensitive to light (photophobia)

☐ ☐ ☐ ☐ Rash

☐ ☐ ☐ ☐ Other symptoms consistent with illness: \_\_\_\_\_

### Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Smokes tobacco

☐ ☐ ☐ ☐ Prolonged time indoors where people smoke

☐ ☐ ☐ ☐ Respiratory disease in 2 weeks before onset

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Meningitis

☐ ☐ ☐ ☐ Meningococcemia

☐ ☐ ☐ ☐ Pneumonia or pneumonitis

X-ray confirmed: ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ Rash observed by health care provider

Rash distribution: \_\_\_\_\_

☐ Generalized ☐ Localized

☐ Macular ☐ Papular ☐ Pustular ☐ Vesicular

☐ On palms and soles ☐ Bullous ☐ Other

☐ ☐ ☐ ☐ Purpura fulminans

☐ ☐ ☐ ☐ Rash – petechial

☐ ☐ ☐ ☐ Bacteremia

☐ ☐ ☐ ☐ Septic arthritis

☐ ☐ ☐ ☐ Coma

### Clinical Findings (continued)

Y N DK NA

☐ ☐ ☐ ☐ Altered mental status

☐ ☐ ☐ ☐ Confusion

☐ ☐ ☐ ☐ Pericarditis or pericardial effusion

☐ ☐ ☐ ☐ Cellulitis

☐ ☐ ☐ ☐ Epiglottitis

☐ ☐ ☐ ☐ DIC

☐ ☐ ☐ ☐ Amputation

☐ ☐ ☐ ☐ Admitted to intensive care unit

☐ ☐ ☐ ☐ Mechanical ventilation or intubation required

☐ ☐ ☐ ☐ Complications, specify: \_\_\_\_\_

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness

Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy

### Vaccinations

Y N DK NA

☐ ☐ ☐ ☐ Meningococcal vaccine in past

Date of last vaccination (mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

*N. meningitidis* serogroup: \_\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ *N. meningitidis* isolated (sterile site)

☐ ☐ ☐ ☐ Positive antigen test (CSF)

**INFECTION TIMELINE**

Enter onset date in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

**Exposure period**

-10 -2

o  
n  
s  
e  
t

**Contagious period\***

1 week prior

to weeks after onset

Calendar dates:




\* unless treated for nasopharyngeal carriage

**EXPOSURE (Refer to dates above)**

**Y N DK NA**

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Destinations/Dates: \_\_\_\_\_

**Y N DK NA**

- ☐ ☐ ☐ ☐ Contact with lab confirmed case  
☐ Household ☐ Sexual  
☐ Needle use ☐ Other: \_\_\_\_\_

**Y N DK NA**

- ☐ ☐ ☐ ☐ Congregate living  
☐ Barracks ☐ Corrections ☐ Long term care  
☐ Dormitory ☐ Boarding school ☐ Camp  
☐ Shelter ☐ Other: \_\_\_\_\_  
If dormitory residence, name: \_\_\_\_\_  
If dormitory residence, # of roommates: \_\_\_\_\_

**Y N DK NA**

- ☐ ☐ ☐ ☐ Human saliva (e.g. water bottle, cigarettes, lipstick, eating utensils)  
☐ ☐ ☐ ☐ Attended social gatherings or crowded setting  
☐ ☐ ☐ ☐ Employed in laboratory

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PATIENT PROPHYLAXIS / TREATMENT**

**Y N DK NA**

- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Antibiotic name: \_\_\_\_\_  
Date/time antibiotic treatment began: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM PM # days antibiotic actually taken: \_\_\_\_\_  
☐ ☐ ☐ ☐ Treated for nasopharyngeal carriage  
☐ ☐ ☐ ☐ Antibiotic use before specimen collected

**PUBLIC HEALTH ISSUES**

**Y N DK NA**

- ☐ ☐ ☐ ☐ Attends child care or preschool  
☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

- ☐ Prophylaxis of appropriate contacts recommended:  
☐ Household members ☐ Roommates  
☐ Child care contacts ☐ Playmates ☐ Other children  
☐ Other patients ☐ Medical personnel ☐ EMTs  
☐ Co-workers ☐ Teammates ☐ Carpools  
☐ Other close contacts: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_